

		<ul style="list-style-type: none"> • Focus groups or interviews of service users taken from representative groups to evaluate current information and current baseline. • Focus groups/ interviews of health and social care professional and voluntary organisations to evaluate current access to information and baseline • Agree from findings of research the format of information prescriptions • Research the development of shared databases in the local area to support the information prescription infrastructure. That is, look at existing data bases among local voluntary organisations, RNIB and the PCT/NHS and examine how they could mutually support the prescription service. • Delivery of training on the use of information prescriptions to professionals who will be prescribers and dispensers. • Design and produce information prescriptions • Launch of the project • Monitoring progress while the prescriptions are live • Gather feedback and refine project if necessary
2	<p>Project management arrangements</p> <p>Stakeholder engagement & ongoing support</p>	<p>Who is leading the pilot locally and who will deputise? RNIB will appoint a project manager, funded by the Information Prescription, budget who will work partnership with local RNIB contacts, local societies, health and social care staff, PCT representatives and the National Service Development Team at the RNIB.</p> <p>Does the Steering Group include representatives from the full range of key stakeholders? Following Prince 2 methodology an advisory group will be set up with stakeholders being represented on the advisory group, Board and Project team. Stakeholders will be represented on the advisory group and act as the steering group.</p> <p>How often will it meet, how will it project manage the pilot, what authority will it have? The advisory group will meet at key milestone points in the project; the project team will meet once a month, the Project Board every three months or more regularly if key decision have to be made.</p> <p>How will the pilot be marketed and publicised locally? The marketing of the project will be targeted in the area to key</p>

		<p>stakeholders. Due to the fact that the project is for one year, marketing will be aimed at those areas where we are directing the prescribing and dispensing. They will include key voluntary sector organisations and health and social care professionals. The marketing will also target patients and service users at point's diagnosis and early identification of visual impairment.</p> <p>How will stakeholders be engaged and won over? The Project manager will build relationships and investment in the vision of the project from the stakeholders. They will also be won over by ensuring they have meaningful involvement with ability to influence the project through the advisory group, Board, project team and focus groups.</p> <p>What support & training will be offered and when? The support and training needs of stakeholders in relation to the project will be evaluated. Once the baseline has been established and the relevant information gathered direct training on how the prescriptions will work and can be operated will commence with prescribers and dispensers. Raising awareness of the project and its aims will be part of the project plan and continue throughout its lifetime. The Project Manager will be the main provider of this training.</p> <p>What arrangements will you have in place should key stakeholders decide to withdraw from the pilot? A risk log will be formulated for the project so that the withdrawal of stakeholder support can be assessed and a plan devised to minimise this risk implemented, such as, having a range of stake holders involved for precisely this reason. Systems are also in place within our methodology to ensure that if the project needs to be changed then this is only done with the Project boards approval and there are clear lines of accountability.</p>
3	Coverage	<p>Be clear about the extent of the pilot – also its limits. The project will be in one PCT (Leeds PCT tbc) and will focus on an identified Eye clinic, an identified low vision service, an identified optician, an identified dual sensory social services team and identified GP practices. This will focus the project and create better investment from these partners. However our partner organisation is the Strategic Health Authority and other sites within the SHA may be utilised to ensure maximum pilot impact.</p> <p>How many information prescriptions do you feel would be issued during the pilot period? We would anticipate between 50 and 100 however once the</p>

		<p>PCT is confirmed better statistics can be gathered based on outpatient numbers in eye clinics and statistics from social services, GPs involved and Opticians involved.</p> <p>What health conditions will you be covering? The major causes of visual impairment such as: Age Related Macular Degeneration, Cataracts, Glaucoma, Diabetic Retinopathy, Retinal Detachment. However this list is not exhaustive and the project will aim to work with any condition that has caused visual impairment.</p> <p>What is the geographical area covered? We have scoped interest within the SHA area and have identified Leeds PCT area and contact points within that area (to be identified)</p> <p>Identify the prescribing and dispensing locations This will be pulled out from the focus groups but the potential locations are:</p> <ul style="list-style-type: none"> • Prescribing - Eye clinic, Low vision service, Opticians, Social Services/ Dual sensory teams, rehabilitation workers. • Dispensing RNIB national, RNIB local, Social Services, other partner voluntary organisations, Hospital information services. <p>The health and social care professionals involved GPs, Nurses, Eye Care professionals, Opticians, Ophthalmologists, Social Workers, Care coordinators, Advice Workers, District nurses, Diabetic nurses.</p> <p>What points in the care pathway will be covered? Initially a prescription will be targeted at the points of diagnosis of eye disease or identification of visual impairment. However if service users are using the services involved in the prescription scheme and it was felt they would benefit from an information prescription then one will be given, as we recognise that people with visual impairment may require different information at different points as their sight or circumstances change.</p>
4	<p>Baseline current position by 1 April 2007</p>	<p>A baseline provides the starting point for identifying the impact pilots are having on their key stakeholders How do patients, carers and health professionals currently find out where to go to gather information materials – how do they know where to go? Currently RNIB has found that excellent information and support are available from the voluntary sector, health and social services but people often do not know where or how to obtain the help they need. Access to information depends on the</p>

		<p>individual's or members of their family or friend's tenacity and ability to actively find it from disparate places. RNIB has also found that the quality and access to information varies greatly regionally.</p> <p>How do patients, carers and health professionals currently gather information materials within the area the pilot will be covering – what sources do they use?</p> <p>The initial part of this project will be confirming these details. RNIB feels that it is essential that we consult meaningfully with service users regarding this instead of making too many assumptions.</p> <p>What types of information materials do patients, carers and health professionals currently gather?</p> <p>Our experience has shown that the main pieces of information that are requested are on eye conditions, benefits and products. Other topics are low vision aids, child and education services, emotional support, social services assessment and eligibility for services, carer information and rehabilitation services.</p>
5	<p>Identify content and establish how accessible directories will be designed by 1 April 2007</p> <p>Agree design of information prescription template by 1 April 2007</p> <p>Agree design</p>	<p>How will you be identifying the content sources to be used?</p> <p>RNIB will be using focus groups or interviews of service users and professionals to identify what information is most needed and most useful at different points during the sight loss journey. It will pay particular attention to those people who live alone and also consult with carers of people with visual impairment or carers with sight loss.</p> <p>What standards or criteria will you be using?</p> <p>RNIB information on eye conditions is all quality assured having been accredited and information on benefits is produced by welfare experts, we can therefore quality assure information given out by RNIB. The project will also sign post to other organisations and local services, however RNIB can not quality assure any information given out by third parties. Part of the initial stage of the project will be to map and agree with stakeholder's partners in the project and the quality criteria.</p> <p>What will these sources be?</p> <p>These sources could be eye condition information, information packs designed by RNIB, gateway leaflets, leaflets on local services such as benefit advice, advocacy emotional support, leisure activities, social services assessment and eligibility for services, carer information, advantages of registration, talking books, low vision aids, and rehabilitation services.</p> <p>How will you ensure these sources are easily accessible to</p>

		<p>poverty line. We will also be working with other groups such as Diabetes UK, BME local community groups, voluntary groups and health and social services to reach as wide an audience as the project allows within the financial and time constraints.</p> <p>Which health and social care professionals will be issuing (prescribing) information prescriptions? GPs, Nurses, ECLOs, GP practice staff, social workers, care coordinators, opticians and ophthalmologists. This will be confirmed from the initial work</p> <p>What methods are they going to adopt? To be determined. It is envisioned that the individual on being diagnosed with a visual impairment or being registered Blind or partially sighted or at assessment for services from social services would be given a prescription for further information such as information on their specific eye condition, advice about low vision aids, services available to them in the local area which they can redeem at a local voluntary organisation such as the RNIB, at a library, or send off for this information or call to discuss the best way of accessing the information if not available at the prescribing outlet. However this process will be consulted on and could change with feed back from professionals and service users.</p> <p>Will they be able to dispense as well? This could be possible for example it may be that an ophthalmologist gives a patient a prescription to be taken to an Eye Clinic Liaison Officer or a Low Vision worker within the same hospital but it may be that the person requires information on advocacy services and in which case the prescription needs to be taken to another dispenser. The results of this will come from the scoping work and focus groups.</p> <p>How much time is this going to take? Unknown at this time. It is not anticipated that the individual consultations will take up a great deal of time however if there is a degree of dispensing as well as prescribing then it could take longer. This is something that we will discover during the pilot</p> <p>What are the additional costs involved? All anticipated costs for the project are included in our budget however if increased take up of services are a result it may show up an unmet need or put pressure on information services locally. There may also be a cost related to professionals who will need to spend time being consulted with and trained in its use. Additional I.T costs relating to any proposed dispensing</p>
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		<p>process are also unknowns as this will be dependant on the points identified in the scoping / focus groups.</p> <p>What training and support are you planning? Within the financial constraints and timescales appropriate training will be given.</p> <p>Will the offer of information be recorded and if so, how? The prescriptions should have a mechanism of recording the service users details and prescribers will be asked to monitor the use of the prescriptions. Dispensers will also be asked to monitor the number of prescriptions presented to them.</p> <p>Will patients and carers be able to access their prescription should they loose it? If so, how? Patients should be able to refer back to their prescriber in these instances but support centrally from the project will also be available.</p> <p>Will you be linking information prescriptions to care records? This will be examined as part of the roll out.</p> <p>Which health and social care professionals will be dispensing the information contained in the prescriptions? This will be identified from the scoping work but potentially: GP's, Social Workers, Ophthalmologists, Eye Clinic Liaison Officers, Advice Workers, Voluntary Sector workers, National Help lines, Advice Lines.</p>
6	<p>Introduce information prescriptions by 1 May 2007</p>	<p>Check to make sure the processes you will be adopting as listed in Item 5 will be set up and in place so that all health and social care professionals involved in the pilot are ready and able to issue information prescriptions by 1 May 2007.</p> <p>Due to the nature of getting focus groups together, developing a database and getting professionals on board and trained we anticipate being able to have all this information ready to issue prescriptions by July. This time scale is dependent on the initial work currently underway. RNIB will be using Prince 2 methodology, which has systems and checks to keep the project on target.</p>
7	<p>Monitor and assess progress to integrate information prescriptions into care</p>	<p>How will you be keeping in regular touch with all stakeholders? Stakeholders will be actively involved in the project team meetings, board meetings and project team meetings. There will be monthly highlight reports circulated to all involved in the project management.</p> <p>What central system will you be using to record activity?</p>

	<p>pathways</p> <p>Refine methods used in light of findings</p>	<p>We will have a project manager, which will retain records regarding the project. The project will have a defined filing system following Prince 2 guidance. Part of the project will be to collate information from the prescribers and dispensers to evaluate the project.</p> <p>Does this have resource implications for the health and social care professionals prescribing and dispensing prescriptions? This will be highlighted during the initial work and is dependant on the systems used within the various organisations involved in the dispensing and prescribing process. For example if adaptation is required for I.T systems</p> <p>How will you be monitoring and assessing progress? We will be monitoring through our prescribers the numbers of prescriptions given out and assessing its usefulness through the service users</p> <p>What methods will you use to ensure stakeholders influence how the prescribing and dispensing process is refined and improved? As mentioned the stakeholders are an integral part of the project management and will therefore be fully consulted and have the power to influence and improve the project. A lessons learned document will also be developed during the project (as per Prince 2 to support further developments)</p> <p>How quickly can improvements be made? Part of the advantage of having a small pilot is so that the project can be refined and improved along the way. Flexibility is an important element in the project plan but this element is an unknown at present.</p>
8	<p>Engage with The Consortium and other Information Prescription Pilots</p>	<p>What would you like to know about the evaluation process being undertaken by the Consortium? All available information</p> <p>How will you engage with the Consortium to benefit from the support and advice they can offer? This engagement will be an integral part of the project plan and we anticipate regular meetings</p> <p>How will you support the evaluators in their work e.g. help with obtaining ethics approval; provision of regular updates; access to relevant information and staff? With advice and support from RNIB Research Department and good communications with the project manager.</p> <p>How would you like to engage with other pilot sites to benefit</p>

		<p>from their experience? RNIB have contact details from the initial event and will be arranging to meet with one of them to see the results first hand.</p>
9	<p>Contribute to local patient information delivery</p>	<p>At this stage, are you able to say how your pilot will help information prescriptions become an integral part of on-going patient care? At the moment we are not able to say, as the evaluation needs to be completed. It may be seen that for this particular client group this is not the best way to offer information or reach people. However if successful the RNIB would like to support the Department of Health in furthering this project nationally as RNIB recognises the need to support people at early stages of diagnosis and to access quality information and support.</p> <p>What lasting benefits will this pilot offer your local health and social care community? The pilot will raise awareness of visual impairment issues and the services and support available amongst health and social care professionals. It will also support people with visual impairment make contacts in the community they live and access relevant and timely information. It may also highlight unmet needs in the area, which could inform further service development and commissioning within the PCT.</p> <p>What can you do to help ensure these benefits are sustainable? Through the project pilot we will be making contacts with professionals and voluntary sector groups, which will greatly benefit RNIB, and others future work in the area. It could be a project that is continued after the pilot should the PCT feel it useful and able to fund it.</p>
10	<p>Contribute to developing national policy</p>	<p>Highlight up to five areas where your pilot will be contributing to the formulation of national policy.</p> <ul style="list-style-type: none"> • Early intervention • Self management of long term conditions • Prevention of falls • Prevention of admission into hospital • Furthering the promotion of the standards in "progress in sight"